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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10338	
Facility Name:	George L Mee Memorial Hospital	
Address:	300 Canal Street	
City:	King City	
Hospital Owner/Lice	ensee: S. Monterey County Memorial Hospital/Lic.#0700000047	
Year of Rep	porting: 2010	
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter: George L. Mee Memorial Hospital	
Submission	Date: 1/13/2011 4:31:00 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	<b>Building Name</b>	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01.1	Main Hospital	300 Canal Street	Retrofit	SPC2	01/01/2013	01/01/2012
01.3	Administration	300 Canal Street	Remove	N/A	01/01/2015	01/01/2012

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01.1 Building Name: Main Hospital									
Type of Service Prov	Type of Service Provided								
X Nursing	Inpatient Beds	24 Inpatient 6796 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration  X Support	Renal Dialysis  X Outpatient					
X Skilled Nursing	Inpatient Beds	16 Inpatient Days 4811	Services	X Outpatient Surgery					
		Total Beds this Building 40	Cesarean/Deliv	X Central Plant					

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	.3 Buildi	ng Name: Administration							
Type of Service Provided									
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery					
		Total Beds this Building	Cesarean/Deliv	Central Plant					

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01.1	Building Name: Main	Hospital		
Medical / Surgical (I	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 24 Bed	Inpatient 6796 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 16 Bed	Inpatient 4811 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	40	0

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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01.3	Building Name:	dministration		
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care I Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01.1	Main Hospital	
01.3	Administration	x
02.1	New Hospital	
02.2	Bottle Building	
02.3	New Porte Cochere	

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Provide the number of in from acute care services			type of service for the year of 2	2008, 200	9 and 2010 for build	lings t	o be removed
Building 01.3 Number:	Building Name:	Administrat	tion		Year of Information:	20	008
				Info Of:	rmation Current As		
<u>Type of Services</u> <u>Provided</u>							
Nursing	Inpatient Beds	0	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical		Emergency		Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds Total Beds this Building	0	X Administration				

King City Report Year: 2010 10338 George L Mee Memorial Hospital Page:10 of 26 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Administration 2009 01.3 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0

Report Status: **Data Last Update:** 01/13/2011 **Submission Date:** 01/13/2011 **Print Date:** 1/14/2011 8:38 AM

Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 01.3 Number:	Building Name:	Administrat	tion	Year of Information:	2010		
				Information Current As Of:			
Type of Services Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol	Inpatient	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
escent  Psychiatric Nursing	Beds Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds Total Beds this Building	0	X Administration				

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 01.3	Administra	ation			Removal Date:		01/01/2013
Planned	Uses for the building t	o be remov	ed from acute car	e service:				
Planned	use for building:	dical Office	Building	Jurisdiction:	Local Authority			
Inpatient	services currently del	ivered in th	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	, 			Central Plant
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing	X	Administration		Nuclear Medicine			Support Services

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number:	01.3 Building N	ame: Administration										
Will general acutr care services and beds will be relocated to a new or retrofittrd building?												
Administration	Relocated to other b	ouilding										
New Building	Bed Count	RetroFitted Building	Bed Count	Other SPC2-SPC5 Building	Bed Count							
				02.1-New Hospital								
Building Number: Will general acut Support Services	01.3 Building N er care services and beds w s N/A		retrofittrd building	g?								

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01.1	Building Name:	Main H	ospital			
Type of Servic	e Provided						
			Surç	gical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		X Ane	sthesia			
	IntensiveCare	_	_		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	ı <u>[</u>	X Clin	ical Lab		X	Outpatient
				liological/ ging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		X Pha	armaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	ım [	X Die	tetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Adn	ninistration			
X	Skilled Nursin	ng					

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01.3	Building Name:	Administration			
Type of Servic	e Provided	1				
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			Renal Dialysis
	IntensiveCare	·	Clinical Lab	Obstetrical Recovery	Ш	Keliai Diaiysis
	Pediatric/Ado escent	'   '	Radiological/	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging			
	Obstetrical		Pharmaceutical	Emergency		Central Plant
	Ante/Postprtu	m [	Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		X Administration			
	Skilled Nursin	g				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 01.1	Building Na	me: Main Hospital				
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	nove from service by 2030		
Type of Ser	vice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		_		
	Ante/i Ostpitum	X	Dietetic		Emergency	X	Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
X	Skilled Nursing		Administration				Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01.3	Building Na	me: Administration			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng		
Type of Servic	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	termediate		Dietetic			
	are killed Nursing	X	Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: 02.1	Building Na	me: New Hospital				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	X	Central Plant
X	Intermediate		Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02.2	Building Na	me: Bottle Building			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	Provided					
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia	Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery		
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergency	X	Central Plant
	termediate are		Dietetic			
	killed Nursing		Administration	Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 02.3	Building Na	me: New Porte Cocl	here			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				25
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 02.1						
Тур	e of Service Prov						
X	Nursing	Inpatient Beds	64	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	4	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	X Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	8		Pharmaceutical	X Emergency	X Central Plant
X	Intermediate Care	Inpatient Beds	3		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		79				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02.								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02.3 Building Name: New Porte Cochere									
Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: Data Last Update: 01/13/2011 Submission Date: 01/13/2011 Print Date: 1/14/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	2.1 Build	ing Name: New	Hospital			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 64 Bed	Inpatient 12383 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 8 Bed	Inpatient 1101 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 3 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 4 Bed	Inpatient 651 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	79	79	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	D2.2 Build	ling Name: Bottl	e Building			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpage 1 Day	atient 0	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	i.	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	atient 0	
Coronary Care		Chemical Dependency		Building Per E	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	2.3 Build	ing Name: New	Porte Cochere			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	